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L1	197	norfluoxetine	US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2007/10/18 09:40
L2	2	"4584404".pn.	US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2007/10/18 09:24
L3	2	"7034059".pn.	US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2007/10/18 09:24
L4	1474	514/649.ccls.	US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2007/10/18 09:24
L5	2	"4683235".pn.	US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2007/10/18 09:40

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8 L2 AND PROSTATITIS

=> d ibib abs 7-8

PUBLISHER:

ANSWER 7 OF 8 CAPLUS COPYRIGHT 2007 ACS on STN 1.3

ACCESSION NUMBER: 2002:659566 CAPLUS

DOCUMENT NUMBER: 137:194891

TITLE: Tamsulosin: a review of its pharmacology and therapeutic efficacy in the management of lower

urinary tract symptoms

Adis International Ltd.

AUTHOR(S): Dunn, Christopher J.; Matheson, Anna; Faulds, Diana M.

CORPORATE SOURCE: Adis International Limited, Auckland, N. Z.

Drugs & Aging (2002), 19(2), 135-161 SOURCE:

125

CODEN: DRAGE6; ISSN: 1170-229X

DOCUMENT TYPE: Journal; General Review

LANGUAGE: English

A review. Tamsulosin is a subtype-selective $\alpha 1A$ - and α 1D-adrenoceptor antagonist. α 1-Receptors predominate in the prostate gland, prostatic capsule, prostatic urethra and bladder, and the relaxation of prostate and bladder smooth muscles is associated with improved maximal urine flow (Qmax) and alleviation of lower urinary tract symptoms (LUTS) in patients with benign prostatic hyperplasia (BPH). Tamsulosin 0.4mg once daily in a modified-release formulation increased Qmax and improved symptom scores relative to baseline to a greater extent than placebo in 12- and 13-wk double-blind, randomized, multicenter, clin. trials in patients with LUTS, with statistical significance between treatments for Qmax values in two of three published US and European studies. Tamsulosin is effective in patients with mild to severe LUTS associated with BPH, in patients with diabetes mellitus and in the elderly, and does not interfere with concomitant anti-hypertensive therapy. Pooled data based on patients receiving tamsulosin 0.4 or 0.8mg once daily indicate maintenance of efficacy for up to 6 yr. Tamsulosin 0.4mg once daily was of similar efficacy to alfuzosin 2.5mg three times daily, with less tendency to cause hypotensive effects, in a double-blind, randomized 12-wk trial. Benefit of the drug has also been shown in patients with acute urinary retention or chronic abacterial prostatitis, those receiving high energy transurethral microwave thermo-therapy, and in patients with prostate cancer with radiation-induced urethritis. Dizziness and abnormal ejaculation are stated to be the most common adverse events, with asthenia, postural hypotension and palpitations being seen less frequently (1 to 2% incidence), in patients receiving tamsulosin 0.4mg once daily. Tamsulosin has not been associated with clin. significant changes in blood pressure in clin. trials. Conclusion: The $\alpha 1A$ - and lphalD-adrenoceptor antagonist tamsulosin, given at a dosage of 0.4mg once daily in a modified-release formulation, is effective and well tolerated in the treatment of LUTS associated with BPH. Although the drug has been directly compared to date with one other agent only, data show overall that tamsulosin clearly offers advantages over other α 1-adrenoceptor antagonists in terms of the need for a single daily dose only, and its low potential for hypotensive effects or interference with concomitant antihypertensive therapy. Dosage titration at the start of treatment is not necessary. Tamsulosin has a rapid onset of action and is effective in patients with moderate or severe symptoms. The drug is therefore a valuable therapeutic option, with both demonstrated and potential advantages over older nonselective agents, in the management of patients with LUTS associated with BPH. REFERENCE COUNT: THERE ARE 125 CITED REFERENCES AVAILABLE FOR

THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

ANSWER 8 OF 8 CAPLUS COPYRIGHT 2007 ACS on STN

ACCESSION NUMBER: 1999:626075 CAPLUS

DOCUMENT NUMBER: 131:252591

TITLE: Combination of α 1-adrenoceptor antagonists and

endothelin antagonists for the treatment of benign

prostatic hyperplasia

INVENTOR(S): Broten, Theodore P.; Siegl, Peter K. S.; Nichtberger,

Steven A.

PATENT ASSIGNEE(S): Merck & Co., Inc., USA SOURCE: PCT Int. Appl., 45 pp.

CODEN: PIXXD2

DOCUMENT TYPE:

Patent

LANGUAGE:

English

FAMILY ACC. NUM. COUNT: 1

PATENT INFORMATION:

PATENT NO.					KIND DATE		APPLICATION NO.											
WO	9948530			A1 19990930			WO 1999-US6014					19990319						
	W:	ΑE,	AL,	AM,	ΑU,	ΑZ,	BA,	BB,	BG,	BR,	BY,	CA,	CN,	CU,	CZ,	EE,	GD,	
		GΕ,	HR,	HU,	ID,	IL,	IN,	IS,	JP,	KG,	KR,	ΚZ,	LC,	LK,	LR,	LT,	LV,	
		MD,	MG,	MK,	MN,	MX,	NO,	ΝZ,	PL,	RO,	RU,	SG,	SI,	SK,	SL,	ТJ,	TM,	
		TR,	TT,	UA,	US,	UZ,	VN,	YU,	ZA,	AM,	ΑZ,	BY,	KG,	ΚZ,	MD,	RU,	ТJ,	TM
	RW:	GH,	GM,	ΚE,	LS,	MW,	SD,	SL,	SZ,	UG,	ZW,	AT,	BE,	CH,	CY,	DE,	DK,	
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A pharmaceutical composition for the treatment of benign prostatic hyperplasia AΒ comprises an α la-adrenoceptor antagonist, a non-selective endothelin antagonist, and optionally a $5\alpha\text{-reductase}$ inhibitor. The combination therapy improves lower urinary tract symptoms including increasing urine flow rate, decreasing residual urine volume and improving overall obstructive and irritative symptoms in patients with benign prostatic hyperplasia or symptomatic prostatism. The efficacy of endothelin antagonists and α la-adrenoceptor antagonists for inhibition of ET-1 and $\alpha 1$ -adrenoceptor-mediated prosthetic urethral contractions was tested in a mongrel dog model. The preparation of the α la-adrenoceptor antagonist trans-(+)-4-(3,4-difluorophenyl)-5methyl-2-oxo-oxazolidine-3-carboxylic acid [3-[4-(4-fluorophenyl)-

piperidin-1-yl]propyl]amide is presented.

REFERENCE COUNT: THERE ARE 7 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

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